

HALOGENATED SOLVENT CLEANING MACT STANDARD

WI DNR FORM 4500-151 (7/95)

Initial Notification Report

(Also used for: Application for Approval of Construction or Reconstruction)

Submit this report to:
WI DNR Bureau of Air Management
101 S. Webster Street, P.O. Box 7921
Madison, WI 53707-7921
Attn: Compliance Section, Solvent Cleaning

This Initial Notification Report must be submitted by **August 29, 1995** for existing sources (facilities with solvent cleaning machines that were constructed or reconstructed before or on November 29, 1993). New sources (facilities with solvent cleaning machines that were constructed or reconstructed after November 29, 1993) should have **filed** this report by **January 31, 1995**, or must **file** this report as soon as practicable before construction or reconstruction is planned to begin, whichever is later. Given the limited information that has been available about the regulation, a new source that has missed the January deadline will not be penalized if it files the Initial Notification Report by August 29, 1995.

For further explanation of the requirements that affect you, refer to *Facts about. Maximum Achievable Control Technology (MACT) Standard for HALOGENATED SOLVENT CLEANING*. For a copy of the actual standard, you can refer to the December 2, 1994 edition of the Federal Register, beginning on page 4948, or EPA's Guidance Document for the Halogenated Solvent Cleaner NESHAP. The standard also is available electronically through EPA's bulletin board system at (919) 541-5742 as the file called HSCRLJLE.ZIP from the Clean Air Act section under Recently Signed Rules. All materials can be obtained from the Small Business Clean Air Assistance Program at (608) 264-6153 or (608) 267-9214. If you have specific questions about how this standard affects your business, contact Mike Ross at (608) 267-0564 or your local DNR air inspector.

It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

PART I - GENERAL INFORMATION

Person Preparing Form _____ Date _____

Company Name _____

Mailing Address _____
City State Zip

(OVER)

Equipment Location Address _____
City State

Cleaning Machine Summary: (Attach additional pages if needed.)

Identification Number^{*}
(List all solvent cleaning machines
affected by this standard.)

Description
(Briefly identify machine as existing or new,
open top or conveyORIZED.)

* This may be an identification number found on the machine, a number used for other reporting purposes, or any other number you give the machine.

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PART II - MACHINE INFORMATION (Complete this section for each individual machine. Make copies, as needed. Attach all pages to Part I.)

1. This Report Is Being Filed for a/an: _____ Existing Machine _____ New Machine

NOTE: Existing machines were installed before or on November 29, 1993. New machines are/were installed after November 29, 1993.

2. Cleaner Identification Number: _____
(Optional for new machines)

3. Type of Machine: _____ Open Top Cold Cleaning Machine (Check type)

_____ Immersion
_____ Remote-Reservoir
_____ Open Top Vapor Cleaning Machine
_____ Conveyorized Cold Cleaning Machine
_____ Conveyorized Vapor Cleaning Machine

(If you have an Open Top Cold Cleaning Machine, skip Questions 4 and 5.)

4. Solvent/Air Interface Area: _____ square feet (Indicate if in square meters)

5. Air Pollution Controls Associated With the Machine: (For existing machines, identify controls that you currently use. For new machines, identify controls you intend to use.)

_____ Freeboard Ratio of 1.0	_____ Carbon Adsorber
_____ Freeboard Refrigeration Device	_____ Reduced Room Draft
_____ Super-Heated Vapor	_____ Dwell
_____ Working-Mode Cover	_____ Other _____

(OVER)

6. Date of Installation: (For existing machines, complete part D only. For new machines, complete parts A-C.)

A. Proposed -Date to Begin Construction/Reconstruction _____

B. Expected Date to Complete Construction/Reconstruction _____

C. Anticipated Date of Initial Start Up _____

D. Actual Date of Installation _____

7. Anticipated Compliance Approach: (For an open top cleaning machine, complete part A. For all other solvent cleaning machines, complete part B.)

A. Open Top Cold Cleaning Machine

_____ Cover and Water Layer

_____ Cover and a 0.75 Freeboard Ratio or Greater with Work Practice Standards

_____ Cover With Work Practice Standards

B. All Other Cleaning Machines

_____ Comply with One of the Equipment Standards

_____ Meet and Maintain the Appropriate Idling Emission Limit

_____ Meet an Alternative Emission Limit

8. Annual Estimate of Halogenated HAP Solvent Consumption: _____ pounds/year
(Indicate if measurement is in kilograms/year)

9. Air Operating Permit Designation: _____ Major Source _____ Area Source

NOTE: A major source is a any stationary source or group of stationary sources located within a contiguous area and under common control that emits or has the potential -to emit

- * 10 tons per year or more of any hazardous air pollutant; or
- * 25 tons per year or more of any combination of hazardous air pollutants; or
- * 100 tons per year or more of any air contaminant; or
- * 25 tons per year or more of volatile organic compounds (VOCs) if the business is located in Kenosha, Milwaukee, Ozaukee, Racine, Washington, or Waukesha County; or
- * 50 tons per year or more of VOCs if the business is located in Kewaunee, Manitowoc, or Sheboygan County.

All other sources are area sources. The major/area source determination is based on all emission points inside the facility, not just the solvent cleaning-machine(s).

Additional information about air operating permit requirements can be obtained from your DNR air inspector or the Wisconsin Department of Development's Permit Information Hotline at (800) HELP-BUSINESS (1-800-435-7287).